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| Issue Classification  | Application/Control No. 10830201 | Applicant(s)/Patent Under Reexamination POISNER, DAVID I. |
| | Examiner EDWIN A LEON | Art Unit 2833 |

[illegible]

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 | | | | | | | | | | | | | | | |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1 | 94 | 18 | 111 | | 128 | | 145 | | 162 | | 179 | | 196 | | |
| 2 | 95 | 19 | 112 | | 129 | | 146 | | 163 | | 180 | | 197 | | |
| 3 | 96 | 20 | 113 | | 130 | | 147 | | 164 | | 181 | | 198 | | |
| 4 | 97 | 21 | 114 | | 131 | | 148 | | 165 | | 182 | | 199 | | |
| 5 | 98 | 22 | 115 | | 132 | | 149 | | 166 | | 183 | | 200 | | |
| 6 | 99 | 23 | 116 | | 133 | | 150 | | 167 | | 184 | | 201 | | |
| 7 | 100 | 24 | 117 | | 134 | | 151 | | 168 | | 185 | | 202 | | |
| 8 | 101 | 25 | 118 | | 135 | | 152 | | 169 | | 186 | | 203 | | |
| 9 | 102 | | 119 | | 136 | | 153 | | 170 | | 187 | | 204 | | |
| 10 | 103 | | 120 | | 137 | | 154 | | 171 | | 188 | | 205 | | |
| 11 | 104 | | 121 | | 138 | | 155 | | 172 | | 189 | | 206 | | |
| 12 | 105 | | 122 | | 139 | | 156 | | 173 | | 190 | | 207 | | |
| 13 | 106 | | 123 | | 140 | | 157 | | 174 | | 191 | | 208 | | |
| 14 | 107 | | 124 | | 141 | | 158 | | 175 | | 192 | | 209 | | |
| 15 | 108 | | 125 | | 142 | | 159 | | 176 | | 193 | | 210 | | |
| 16 | 109 | | 126 | | 143 | | 160 | | 177 | | 194 | | 211 | | |

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| NONE | | Total Claims Allowed: | |
| (Assistant Examiner) | (Date) | 25 | |
| /EDWIN A. LEON/ Primary Examiner.Art Unit 2833 | 9/27/10 | O.G. Print Claim(s) | O.G. Print Figure |
| (Primary Examiner) | (Date) | 1 | 1 & 2B |

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|---|-----|--|-----|--|-----|--|-----|--|-----|--|-----|--|--|--|--|-------------------------------------|--|--------------------------------------|--|--|--|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | | | | | | | | | | | <input type="checkbox"/> CPA | | <input type="checkbox"/> T.D. | | <input type="checkbox"/> R.1.47 | |
| 17 | 110 | | 127 | | 144 | | 161 | | 178 | | 195 | | | | | | | | | | |

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|---|--|------------------------------|-------------------|
| NONE | | Total Claims Allowed: | |
| (Assistant Examiner) | | 25 | |
| (Date) | | | |
| /EDWIN A. LEON/ Primary Examiner.Art Unit 2833 | | O.G. Print Claim(s) | O.G. Print Figure |
| (Primary Examiner) | | 1 | 1 & 2B |
| (Date) | | | |